

## ART. II.—THE NATURE AND MANAGEMENT OF SLEEPLESSNESS.

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A LECTURE DELIVERED IN THE CHICAGO MEDICAL COLLEGE,  
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GENTLEMEN : The subject to which I wish to invite your attention this morning is sleeplessness. No morbid condition more troublesome is met with by the physician. In this case as in so many others, a correct mode of treatment depends so largely upon a correct conception of the physiology of the process (that is, sleep) as to make it necessary to consider with some little care what are its real conditions. But unhappily thus far, too little is known in respect to this subject. The more one observes and reflects upon it the more singular does it appear. A person in perfect health and in the enjoyment of the normal condition of the bodily and mental powers, continues through the day at ordinary employments, responsive to every sense impulse, and alert in every thought process, fully alive to their condition and surroundings in what is called the waking state, and at the conclusion of a day's activities a sense of fatigue or exhaustion comes on, and the individual retires for rest, and suddenly loses consciousness. He ceases to think or feel, hears, sees, tastes, or feels nothing, and in most respects appears as if dead, except that to external appearance he continues to breathe.

To such an extent is this true, that sleep has been called the twin brother of death, which in some respects it so closely resembles. Now what kind of a change is it in the action of the brain that underlies and produces sleep? What is the cause of the loss of consciousness? By what means are the senses locked up and a period put to all or nearly all mental activities, and that relaxation produced of the physical organism, which we witness in healthy, complete sleep? As I have said already, the more we reflect on this subject, familiar as it is to ordinary observation, the more curious does it seem. It has accordingly been a fruitful theme for speculation for a

lessness, with some of the indications as to the classes of remedies adapted to the same. As said in the beginning, I am aware that much of the account given you is conjectural, but I have a strong suspicion that it will be found upon further investigation to be near the truth.

Hereafter, in speaking of nervous therapeutics, I shall expect you to remember what I have just said in regard to the pathology of insomnia, and I shall then take occasion to speak more at length concerning the therapeutics of this disorder.

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